

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/590733**

FILING DATE

**8-25-06**

APPLICANT(S)

**CLAIMS**

	<i>Article 19 Amendment</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		1-				
4		1-				
5		1-				
6		1-				
7		1-				
8		1-				
9		1-				
10		1-				
11		1-				
12		1-				
13		2				
14		1-				
15	1					
16	1					
17		2				
18		2				
19		2				
20	1					
21		1-				
22		1-				
23		1-				
24		1-				
25		1-				
26	1					
27		1-				
28		1-				
29	1					
30		1-				
31		1-				
32		1-				
33		1-				
34		1-				
35		1-				
36	1					
37		1-				
38		2				
39		2				
40		2				
41		2				
42		2				
43	1					
44		2				
45		2				
46						
47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						